

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027804

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 141

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10355

20355

3

40

51

6

71

82

9976X

10

11

1290.3

1350

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

DUNKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)

KENNETT, MISSOURI

Length of stay in 1b

32 years

c. FULL NAME OF (If NOT in hospital, give location)

610 HOPPER STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY DUNKLIN

c. CITY OR TOWN

KENNETT, MISSOURI

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

610 HOPPER STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

EARNEST

WAYNE

HINCHCLIFF

4. DATE OF DEATH

Month

Day

Year

JULY

13

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/26/14

9. AGE (last birthday)

48

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Labor

10b. KIND OF BUSINESS OR INDUSTRY

Labor

11. BIRTHPLACE (City and state or country)

CLAY COUNTY, ARK.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN HINCHCLIFF

13b. MOTHER'S MAIDEN NAME

NELLIE CASE

14. NAME OF HUSBAND OR WIFE

MARCELIA HINCHCLIFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Marcelia Hinchcliff

Kennett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

Gun-shot wound, right Temple

INTERVAL BETWEEN DEATH

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☒

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot self with pistol.

20c. TIME OF INJURY

Hour Month, Day, Year

3:00 July 13, 63

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Kennett

COUNTY

Dunklin

STATE

Mo.

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at 3:00 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Quinton Tarven, Coroner

22b. ADDRESS

Kennett, Mo.

22c. DATE SIGNED

7-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

July 15, 63

23c. NAME OF CEMETERY OR CREMATORY

OAK RIDGE

23d. LOCATION (City, town, or county)

KENNETT, MISSOURI.

(State)

24. FUNERAL DIRECTOR

McDaniel Funeral Service Inc.

Kennett, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

July 16-1963

26. REGISTRAR'S SIGNATURE

Carl J. Hubbard

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1963

JUL 25 1963
AUG 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas C. Rookwood

Licensed Embalmer No. 4857

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.